

	After Amendment		Highest No. Previously Paid For				
All Claims	<u>10</u>	-	<u>20</u>	=	<u> </u>	X	<u>\$18.00 = \$0.00</u>
Independent	<u>4</u>	-	<u>3</u>	=	<u>1</u>	X	<u>\$88.00 = \$88.00</u>
						TOTAL	= \$88.00

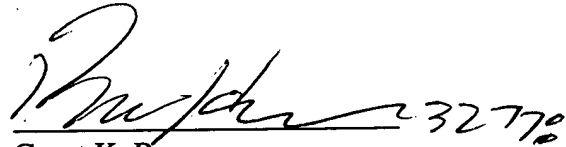
EXCESS CLAIM FEE PAYMENT LETTER

U.S. Appln. No.: 09/836,237


Attorney Docket No.: Q64144

A check for the statutory fee of \$88.00 is attached. The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this letter is enclosed.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Grant K. Rowan", is written over a horizontal line. To the right of the signature, the number "32772" is handwritten.

Grant K. Rowan



Registration No. 41,278

SUGHRUE MION, PLLC
Telephone: (202) 293-7060
Facsimile: (202) 293-7860

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

Date: December 3, 2004